

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	IT	69601	2/1/00
O.I.P.E. CLASSIFIER		12	7/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	2/1/00
2	2/1/00
3	2/1/00
4	2/1/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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BEST AVAILABLE COPY

UCB  
 06/23/02